



State of Iowa Charitable Trust Annual Report

Department of Justice

SECTION 1 - ORGANIZATION INFORMATION

1. Name of Trust	2. Date of Report
3. Address	4. Tax ID Number
5. City, State, Zip	6. Fiscal year start/end date
7. Principal Contact Person	8. Role (trustee, attorney, etc.)
9. Email address	10. Phone Number

SECTION 2 - FINANCIAL INFORMATION

11. Assets at start of current FY	\$
12. Grants & contributions received	\$
13. Total Income (Add Line 12 with all other income)	\$
14. Total Disbursements (Grants, scholarships, etc.)	\$
15. Compensation of officers, directors & trustees	\$
16. Legal fees	\$
17. Total Expenses (add lines 14, 15, 16 and all other expenses)	\$
18. Net Income	\$
19. Assets at end of current FY	\$

20. Have the trustees changed since the trust's last report? ☐ Yes ☐ No

21. Have the purposes of the trust changed since the trust's last report? ☐ Yes ☐ No

(If yes to either Question 20 or 21, please attach additional information)

**Please
Sign
Here**

I hereby certify that I am authorized to sign this Report, and that the information provided is true and complete to the best of my knowledge.

Signature _____ Date _____

Printed Name _____ Title _____